

# Collier Shannon Scott



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Commissioner for Patents  
MAIL STOP REISSUE  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Re: U.S. Patent Reissue Application No.: 10/013,988**  
**For: MULTI-CYCLE, ENGINE BRAKING WITH POSITIVE POWER VALVE**  
**ACTUATION CONTROL SYSTEM AND PROCESS FOR USING THE SAME**  
**Our Reference No.: 34090-06263**

Dear Sir:

Submitted herewith in connection with the above-identified matter are the following documents:

- (1) Fee Transmittal in duplicate (2 pages);
- (2) Amendment & Response (24 pages);
- (3) Supplemental Reissue Application Declaration by the Inventors (4 pages); and
- (4) Corrective Assignment Recordation Form Cover Sheet, including original Assignment Recordation Form Cover Sheet, and copy of original Assignment document (5 pages)

Please date-stamp the enclosed copy of this letter, thereby acknowledging receipt of the above-identified documents.

Sincerely yours,

MARK W. RYGIEL, Reg. No. 45,871

Enclosures

MWR/la

Cc: Ann R. Stravalle-Schmidt, Esq. (DP-190 Reissue)

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0002/PTO(modified)

U.S. Department of Commerce  
Patent and Trademark Office**Complete if Known**

Reissue Application Number	10/013,988
Filing Date	December 13, 2001
First Named Inventor	James N. Usko
Group Art Unit	3747
Examiner Name	E. Solis
Attorney Docket Number	34090-06263

**FEE TRANSMITTAL****TOTAL AMOUNT OF PAYMENT**Subtotal (1) Subtotal (2) + Subtotal (3) = **\$ 160****METHOD OF PAYMENT****1. The Commissioner is hereby authorized to:**

- ☒ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.<sup>†</sup>
- ☐ Applicant claims small entity status  
See 37 CFR 1.27

Deposit Account Number: 03-2469

Deposit Account Name: COLLIER SHANNON SCOTT

A Duplicate Copy of this authorization is attached

**2. ☐ Payment Enclosed:**☐ Check ☐ Credit Card ☐ Other**FEE CALCULATION (fees effective 10/01/2001)****1. FILING FEE**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
101/\$790	201/\$395	Utility Filing	
106/\$350	206/\$175	Design Filing	
108/\$790	208/\$395	Reissue	
114/\$200	214/\$100	Provisional Filing	
<b>SUBTOTAL (1)</b>			<b>0</b>

**2. CLAIMS**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$50	203/\$25	Claims in excess of 20
102/\$200	202/\$100	Independent claims in excess of 3
104/\$360	204/\$180	Multiple dependent claim
109/\$200	209/\$100	Reissue independent claims over original patent
110/\$50	210/\$25	Reissue claims in excess of 20 and over original patent

**3. ADDITIONAL FEES**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	
147/\$2,520	147/\$2,520	For filing a request for reexamination	
115/\$120	215/\$60	Extension for response within first month <sup>†</sup>	<b>120</b>
116/\$450	216/\$225	Extension for response within second month <sup>†</sup>	
117/\$1020	217/\$510	Extension for response within third month <sup>†</sup>	
118/\$1,590	218/\$795	Extension for response within fourth month <sup>†</sup>	
128/\$2,160	228/\$1,080	Extension for response within fifth month <sup>†</sup>	
119/\$500	219/\$250	Notice of Appeal	
141/\$1,500	241/\$750	Petition to revive unintentionally abandoned application	
142/\$1,400	242/\$700	Utility Issue Fee (Or Reissue)	
143/\$800	243/\$400	Design Issue Fee	
122/\$130	122/\$130	Petitions to the Commissioner	
126/\$180	126/\$180	Submission of Information Disclosure Statement	
179/\$790	279/\$395	Request for Continued Examination (RCE)	
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<b>40</b>
146/\$790	246/\$395	Filing a submission after final rejection (37 CFR 1.129(a))	
149/\$790	249/\$395	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify):			
Other fee (specify):			
<b>SUBTOTAL (3)</b>			<b>\$ 160</b>

(Col. 1)		(Col. 2)		(Col. 3)		Fee	Fee Due
For	No. of Existing Claims	Highest No. Previously Paid For		Extra**			
TOTAL		20 or	=	x		=	
INDEP		3 or	=	x		=	
[ ] First presentation of multiple dependent claim							

\* Subtract the greater number of Col. 2

\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

**SUBTOTAL (2)** **(\$ 0)****SUBMITTED BY**Typed or Printed Name **Mark W. Rygiel**

Signature

**Complete (if applicable)**Reg. Number **45,871**

Date

**3/21/05**<sup>†</sup> Request for Extension of Time per 37 CFR 1.136(a)(3) made hereby